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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/496,960	02/03/2000	Michael R. Arneson	1689.0010002	6909
	7590 10/23/200 Goldstein & Fox PLLC	EXAMINER		
1100 New York		MYHRE, JAMES W		
Suite 600 Washington, DC 20005-3934			ART UNIT	PAPER NUMBER
<i>C</i> ,			3688	
			MAIL DATE	DELIVERY MODE
			10/23/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.



UNITED STATES PATENT AND TRADEMARK OFFICE

Board of Patent Appeals and Interferences

STERNE KESSLER GOLDSTEIN & FOX PLLC

1100 NEW YORK AVENUE NW

SUITE 600

WASHINGTON, DC 20005-3934

Appeal No: 2008-2095

Appellant: Michael R. Arneson et al.

Application No: 09/496,960

Hearing Room: A Hearing Docket: B

Hearing Date: Wednesday, December 10, 2008

Hearing Time: 09:00 AM

Location: Madison Building - East Wing

600 Dulany Street, 9th Floor Alexandria, Virginia 22313-1450

NOTICE OF HEARING CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquires, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: () HEARING ATTENDANCE CONFIRMED () HEARING ATTENDANCE WAIVED

 Signature of Attorney/Agent/Appellant
 Date
 Registration No.

Names of other visitors expected to accompany counsel: _____

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